



**RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
Office Of Water Resources**

235 Promenade Street, Providence, RI 02908-5767  
Telephone: 401-222-6820, Telecommunication Device for the Deaf: 401-831-5508, FAX: 401-222-6177

**WELL DRILLING PROGRAM APPLICATION FOR VARIANCE**

Instructions:

Please complete the following form (3 pages) and attach a site plan. This form may be completed by either the property owner, well driller, or system designer. The affidavit (last page) must be completed, signed by the property owner (s), and notarized.

Fee: \$50.00

Submit a non-refundable check payable to "General Treasurer, State of RI."

Applicable Regulations:

Reference the "Rules and Regulations Governing the Enforcement of Chapter 46-13.2 Relating to the Drilling of Drinking Water Wells" and the "Rules and Regulations Governing the Establishment of Various Fees."

FOR DEM USE ONLY Date Received	
Amount Paid:	_____
Check #:	_____
Application #:	_____

**(A.) APPLICANT: (Note: Applicant must be the owner of the property the well is to be drilled.)**

_____	_____	_____	_____
(Name)	(Area Code & Telephone Number)		
_____	_____	_____	_____
(Mailing Address)	(City/Town)	(State)	(ZIP)

**(B.) SITE LOCATION:**

_____	_____
(City/Town)	(Tax Assessor's Plat(s) and Lot No.(s))
_____	_____
(Street Address)	(Pole No.(s))

**(C.) VARIANCES REQUESTED: Check minimum isolation distances for which variance(s) is/are being requested.**

Potential Pollution Source Required Isolation Distance	Check Box	Actual Isolation Distance Proposed	Location of Well from Potential Pollution Source (Upgradient, Downgradient, or Lateral) * See Note
75 feet from Septic Tank			
75 feet from Distribution Box			
50 feet from Sewer Line			
50 feet from Edge or Road Surface			
100 feet from Leachfield			
100 feet from Livestock Pens or Animal Waste Storage Facilities			
20 feet from Active Agricultural Areas			

**\*Note:** All isolation distances requiring a variance should be listed, including those from ISDSs on-site and on adjacent lots.  
ISDS Application Number for property under variance consideration, if applicable. \_\_\_\_\_

**(D.) SUPPORTING INFORMATION: The following must be completed. If additional space is needed to answer any of the questions below, use the back of this page.**

1. Explain why, in your opinion, this well location provides the best possible level of protection from pollution sources, given the specific circumstances of the site and surrounding area.  
\_\_\_\_\_
2. Explain what effect, if any, this well location will have on any adjacent, buildable lots. \_\_\_\_\_
3. Indicate the present status of existing streets abutting the property (check one or more).  
 Paved  Unpaved  "Paper Street"-unpaved, town-approved road  Other (specify): \_\_\_\_\_
4. Well is anticipated to be completed in (check one):  Bedrock  Unconsolidated Material (sand & gravel)
5. Are there **any** neighboring ISDS (septic systems, cesspools) within 100 feet of the proposed well? (check one)  
 No  Yes If yes, indicate location on plan, and type of system →  Cesspool  Approved ISDS  Other
6. Are there **any** neighboring distribution boxes or septic tanks within 75 feet of the proposed well? (check one)  
 No  Yes If yes, indicate location on plan.
7. Are there ISDS systems approved by RIDEM, but not yet constructed, on any adjacent (vacant) lot?  No  Yes
8. Why is this well required?  Proposed Well for New Construction  Old Well is Polluted  Insufficient Yield  
 Other (specify): \_\_\_\_\_

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**(E.) SITE PLAN REQUIREMENTS:**

A site plan indicating the location of proposed and existing roads, buildings, paved areas, wells, ISDSs, other pollution sources, etc. must be submitted. Also indicate on the plan the isolation distances. All plans need to be drawn in a manner that allows RIDEM to measure and evaluate proposed variances. The use of town maps (e.g., subdivision maps) pertaining to the lots, which are to scale, are encouraged.

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**(F.) CERTIFICATION:**

1. As the  property owner(s),  designer,  well driller, I hereby certify that the information provided herein is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date Certified: \_\_\_\_\_

2. If someone other than the property owner(s) completed this application for variance, the owner(s) must also sign below. I hereby submit an application for variance as described above:

Signature: \_\_\_\_\_ Date Certified: \_\_\_\_\_

**OFFICE USE ONLY**

Variance(s) is (are): \_\_\_\_\_ Granted \_\_\_\_\_ Denied

DEM Official: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Rhode Island Department of Environmental Management  
Office of Water Resources, Private Well Variance Program  
235 Promenade Street  
Providence, RI 02908-5767



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**WELL DRILLING PROGRAM AFFIDAVIT**

I / we propose to install a private drinking water well on Lot \_\_\_\_\_ Plat \_\_\_\_\_, on  
(road) \_\_\_\_\_ located in (town) \_\_\_\_\_ Rhode Island.

**Well Variances Requested: Check and complete all that are needed.**

- Waiver of 100 foot distance from onsite leaching system.  
Variance distance requested: \_\_\_\_\_ ft.
- Waiver of 100 foot distance from adjacent property leaching system.  
Variance distance(s) requested: \_\_\_\_\_ ft., \_\_\_\_\_ ft., \_\_\_\_\_ ft., \_\_\_\_\_ ft.
- Waiver of 75 foot distance from a distribution box.  
Variance distance requested: \_\_\_\_\_ ft.
- Waiver of 75 foot distance from a septic tank  
Variance distance requested: \_\_\_\_\_ ft.
- Waiver of 50 foot distance from the edge of the road surface.  
Variance distance(s) requested: \_\_\_\_\_ ft., \_\_\_\_\_ ft.
- Waiver of 50 foot distance from a sewer line.  
Variance distance requested: \_\_\_\_\_ ft.

I am aware that Section 7.01 of the Regulations of the Rhode Island Department of Environmental Management entitled *Rules and Regulations Governing the Enforcement of Chapter 46-13.2 Relating to the Drilling of Drinking Water Wells* requires that a well be located certain minimum distances from potential pollution sources. I certify that I am the owner of the property described above and that I waive the distance requirements should a variance be granted by the Department to permit the well to be located as described above. I agree to hold the Department of Environmental Management and its agents harmless from any and all claims arising from this action.

Date \_\_\_\_\_ Signature of Property Owner(s)  
\_\_\_\_\_  
\_\_\_\_\_

State of Rhode Island, County of \_\_\_\_\_

Before me at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, personally  
appeared the said \_\_\_\_\_, to me known and known by me to be the person  
executing the affidavit, and he/she acknowledged said act to be his/her own free act and deed.

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_

**OFFICE USE ONLY**

Variance is Granted \_\_\_\_\_ / Denied \_\_\_\_\_

DEM Official \_\_\_\_\_ Date \_\_\_\_\_

Revised 5/05